

August 8, 2019

Dear Clients & Providers.

Effective October 1, 2019, monthly childcare payments will be made based on the *CLIENT*APPROVAL LETTER. The provider will receive full payment for each month as long as the child attends a minimum of 7 days during the month

Payments will be made either on Part-Day or Full-Day based on the approval letter. A Full-Day is 4 hours or more and a Part-Day is less than 4 hours. If a child is in attendance less than 7 days, the Shawnee Tribe will only pay for the days the child is in attendance.

Beginning January 1, 2019 the Shawnee Tribe CCDF Program will also pay for 6 holidays (New Year's Day, Labor Day, Independence Day, Memorial Day, Thanksgiving, & Christmas). In addition, the Shawnee Tribe CCDF Program will be allowing payment for inclement weather (snow days). If the child is approved for full time you will be paid at the full time rate, and if the child is approved for part time you will be paid at the part time rate.

Claim Form Instructions:

The Time-In and Time-Out must be filled in and then marked whether it is a full or part day. Any days the child is absent please write **ABSENT** in the Time-In/Time-Out slot or in the event of a snow/weather day please write **SNOW/WEATHER DAY** in the Time-In/Time-Out slot. If your facility is closed for a holiday or otherwise, please write **CLOSED** on that particular day.

*Providers: If there is an error on the claim form they will be sent back for correction.

DO NOT fill in the lower section of the claim form marked For Office Use Only. CCDF staff will complete based on new policies.

Please feel free to contact Diana or Sean at 918-542-7232, if you have any questions.

Sincerely,

Diana Baker

Shawnee Tribe CCDF Program



Shawnee Tribe Child Care Development Fund Program (CCDF)

Phone: 918-542-7232 Fax: 918-542-4138

Diana BakerDirector Children & Family Services diana@shawnee-tribe.com

Sean Graham......CCDF Program Specialist sean@shawnee-tribe.com

Please address all correspondence to:

Shawnee Tribe CCDF Program c/o Diana Baker or Sean Graham

21 N. Eight Tribes Trail Suite A Miami, Oklahoma 74354



SHAWNEE TRIBE CCDF PROGRAM

21 N. Eight Tribe's Trail Suite A Miami, OK 74354

(918) 542-7232 (918) 542-4138 Fax

2019 PROVIDER CHECKLIST

Please submit the following documentation

 1.	2019 ORIENTATION FORM
 2.	LICENSE
 3.	CURRENT State/Tribal MONITORING REPORTS
 4.	STAR RATING (Oklahoma only)
5.	2019 Signed & Dated W-9 FORM

Shawnee Tribe CCDF Program Requirements

The Shawnee Tribe's Department of Children and Family Services, which operates the Child Care Development Fund (CCDF) Program that subsidizes children in your child care facilities, wants to take this opportunity to remind each of you about some of the CCDF Program participation requirements.

- 1). <u>Payments to providers are made once each month</u>. Payments cover the preceding month. For example, at the very beginning of next month, you will fill out a time sheet for the hours that you provided child care from January 1st through January 31st, 2019. A sheet must be filled out for each child on our CCDF Program under your care.
- 2). Completed time sheets, signed by each child's parent or guardian, can be submitted by mail or scanning and emailing. The provider will receive full payment for each month as long as the child attends a minimum of 7 days during the month. Payments will be made either on Part-Day or Full-Day based on the approval letter. A Full-Day is 4 hours or more and a Part-Day is less than 4 hours. If a child is in attendance less than 7 days, the Shawnee Tribe will only pay for the days the child is in attendance. Beginning January 1, 2019 the Shawnee Tribe CCDF Program will also pay for 6 holidays (New Year's Day, Labor Day, Independence Day, Memorial Day, Thanksgiving Day, & Christmas Day). In addition, the Shawnee Tribe CCDF Program will be allowing payment for inclement weather (snow days). If the child is approved for full time you will be paid at the full time rate, and if the child is approved for part time you will be paid at the part time rate. Time sheets filled- out in pencil will not be accepted.

Claim Form Instructions:

The Time-In and Time-Out must be filled in and then marked whether it is a full or part day. Any days the child is absent please write ABSENT in the Time-In/Time-Out slot or in the event of a snow day please write SNOW DAY in the Time-In/Time-Out slot. If your facility is closed for a holiday or otherwise, please write CLOSED on that particular day.

Please do not call each month and ask to speak to the accounting office about your check or request to stop by and pick it up. If you are concerned that something on one of your timesheets may have been incorrect, please call Diana Baker of Sean Graham at (918-542-7232).

- 3). A delay in processing your check may occur if your time sheets are not completely and accurately filled out. Also, please make sure time sheets are legible. Most problems of this type have been minor and have been remedied with a quick phone call. If there is an error on the claim form it will be sent back for correction. Repeated problems with illegible or inaccurate time sheets will result in the time sheets being returned to the provider to redo them and have the parent or guardian sign them again. Please remember to make copies of the time sheets for your records before you submit them to the Shawnee Tribe.
- 4). <u>Participants in our CCDF Program must be pre-approved for overtime</u>. Providers are mailed a copy of the participant's certification form that list's the children's names as well as the timeframe in which the Shawnee Tribe will provide coverage. This form will also clearly indicate if the family is eligible for overtime, if this form does not reflect they are covered the Shawnee Tribe will not pay for overtime rates. Shawnee Tribe CCDF Program guidelines consider anything over 10 hours per day "overtime".

5). We will not accept time sheets on which dates of service exceed 60 days. Failure to submit times sheets within the 60 day timeframe will result in the loss of reimbursement from the Shawnee Tribe. Parents will also not be required to pay for amounts other than the determined "co-pay" amount. It is up to the Provider to send in time sheets in order for payments of child care to be processed.

6). Mail or e-mail time sheets to the below address:

Shawnee Tribe CCDF Program
21 N. Eight Tribes Trail
Suite A
Miami, OK 74354
diana@shawnee-tribe.com
sean@shawnee-tribe.com
ccdf@shawnee-tribe.com

7). Any and all monitoring reports from State and Tribal agencies should be forwarded to our office for tracking purposes. All incidents and or complaints that are to be reported to the Oklahoma Department of Human Services "MUST" be reported to the Shawnee Tribe CCDF within 3 working days as well.

PLEASE KEEP A COPY OF THIS MEMO IN YOUR FILES FOR FUTURE REERENCE.



Shawnee Tribe Child Care & Development Program 21 N. Eight Tribes Trail / Miami, OK 74354 (918) 542-7232 / (918) 542-4138 Fax

PROVIDER ORIENTATION

Facility Name:			Date:	
, Type: □ New				
rype: □ New □ Renewai	 □ Licensed Center □ Licensed Home 	_	□ One Star □ One Star Plus	
□ Nellewal	□ Licensed Home	_	Two Star Plus	
License Number:			Three Star	
Name of Director:		EIN/SSN:		_or
Physical Address:		Mailing A	Address:	
Phone:	Cell	Fax:		
Linecks are made payabl	le to:			
Licensed Capacity: Please List Daily Rate:	Days	& Hours of Operation	n:	
Please List Daily Rate: Full-Time: 0-12	Months: \$	Part-Time	0-12 Months:	\$
Please List Daily Rate: Full-Time: 0-12 13-24	Months: \$ Months: \$	Part-Time	0-12 Months: 13-24 Months:	\$ \$
Please List Daily Rate: Full-Time: 0-12 13-24 25-48	Months: \$ Months: \$ Months: \$	Part-Time	0-12 Months: 13-24 Months: 25-48 Months:	\$ \$ \$
Please List Daily Rate: Full-Time: 0-12	Months: \$ Months: \$	Part-Time	0-12 Months: 13-24 Months:	\$ \$
Please List Daily Rate: Full-Time: 0-12	Months: \$ Months: \$ Months: \$ Months: \$	Part-Time	0-12 Months: 13-24 Months: 25-48 Months: 49-72 Months:	\$ \$ \$ \$
Please List Daily Rate: Full-Time: 0-12 13-24 25-48 49-72 73 +	Months: \$ Months: \$ Months: \$ Months: \$	Part-Time	0-12 Months: 13-24 Months: 25-48 Months: 49-72 Months: 73 + Months:	\$ \$ \$ \$
Please List Daily Rate: Full-Time: 0-12 13-24 25-48 49-72 73 +	Months: \$ Months: \$ Months: \$ Months: \$ Months: \$	Part-Time	0-12 Months: 13-24 Months: 25-48 Months: 49-72 Months: 73 + Months:	\$ \$ \$ \$
Please List Daily Rate: Full-Time: 0-12 13-24 25-48 49-72 73 +	Months: \$ Months: \$ Months: \$ Months: \$ Months: \$ as authorized the following income	Part-Time lividual(s) to sign t	0-12 Months: 13-24 Months: 25-48 Months: 49-72 Months: 73 + Months:	\$ \$ \$ \$ pribe Child Care Claim Form
Please List Daily Rate: Full-Time: 0-12 13-24 25-48 49-72 73 + ***Facility OWNER has	Months: \$ Months: \$ Months: \$ Months: \$ Months: \$ as authorized the following income	Part-Time lividual(s) to sign t	0-12 Months: 13-24 Months: 25-48 Months: 49-72 Months: 73 + Months: the Shawnee To	\$ \$ \$ \$ ribe Child Care Claim Form



THE SHAWNEE TRIBE CCDF

CHANGES EFFECTIVE 10/01/2019

- Shawnee Tribe CCDF families will now be approved for 12 months of care based on notification letter.
- USE Our NEW Provider Claim Forms (Please make copies)
- If a child is in attendance 7 days or more, we will pay the remainder of the month. If a child is there less than 7 days, we will only pay for the days attended.
- In addition to the absent days, we will also pay for Snow Days and Holidays.
- You can Scan/E-Mail monthly claim forms. Provider name, Month and Year must be in the subject box. Once we receive your claim forms, we will reply to confirm it has been received.

Email monthly claim forms to: ccdf@shawnee-tribe.com

 Please follow instructions when filling out new claim forms. Incorrect claim forms will be returned. No Exceptions!!

If you have any questions regarding these changes, please feel free to contact us.

Diana Baker or Sean Graham

918-542-7232

The following is the Mailing address and Physical address of the Shawnee Tribe CCDF office.

Shawnee Tribe CCDF Program
21 N. Eight Tribes Trail, Suite A
Miami, OK 74354

SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND ATTENDANCE CLAIM FORM (Effective October 1, 2019)

				14					
Ch	ild's Name:			Da	te of Birth:				
Gu	ardian's Name:			Na	me of Provi	der:			
Ad	dress:			Ad	dress:				
Cit	y, State, Zip:			Cit	y, State, Zip	:			
	affirm under penalty of perjunderstand that any false state					t to the best of k	nowle	edge and	belief and
Sig	nature of Guardian:			Sig	nature of P	rovider:			
	Fill in approp		ation for each d	•	· · · · · · · · · · · · · · · · · · ·			at your	facility.
	(P) Present	(ABS) Abs	-	(PSC		chool Closed- ider Closed	for S	ichool A	Age Only
			ance times <u>not</u>						
Г	Sunday Mon	day Tu	uesday W	ednes	day Thu	rsday	Frid	ay	Saturday
	ı								
Ī									
L	CHOOL AGE CHILDREN								
	 ♣ Throughout the scl school is closed an ♣ Holidays througho e eligible for a full month 	nool year, all so	nt at daycare, all	school	age children	or Part Day unl will be approv	ess so ed fo	chool is r Full D	closed. When ay.
payn	nent, the child must be in	For the Mo	nth of:			, 20			
	ndance 7 days or more.		*****				***	*****	****
	n forms can be emailed to: @shawnee-tribe.com	Full Day		Х		Per Day	=		
	se put the name of your ty, the month and year in	Part Day		Х		Per Day	=		
	subject box.	5	Star Rating:		Total Mo	nthly Charges			
	nailed to: vnee Tribe CCDF					Less Co-pay	,		
21 N	Eight Tribes Trail, Suite A mi, OK 74354					ADJ Total DUE			



Dear Provider,

The Shawnee Tribe CCDF offers full monthly payment for each child as long as the child is in attendance 7 days or more. If the child is there LESS than 7 days, you will only receive payment for the days attended. All children will be approved based on their notification letter. When filling out the Shawnee Tribe monthly claim forms, please be mindful of the following sections:

Section ONE:

- Input the child's information, including the child's parent/guardian, address and date of birth.
- The signature from the parent/guardian must be one of the names listed on the Shawnee Tribe notification letter. Any other signatures will not be accepted and the claim for will be returned.

Section TWO:

 Your facilities information and the owner/director's signature as listed on your provider contract. Any other signature will not be accepted.

Please remember that under no circumstance should a parent or provider sign a blank claim form.

Section THREE:

- Fill in the appropriate abbreviation for each day the child is or is not in attendance at your facility. Approval days will be based off the child's notification letter.
- SCHOOL AGE CHILDREN will be approved for a PART DAY through out the school year, this includes holidays if the child is NOT in attendance at your facility. If the child IS in attendance at your facility, you will be paid for a FULL DAY.

For Example: Fall, Spring, Thanksgiving and Christmas breaks or any day school is not in session:

- You will be paid a <u>full day</u> for any day the child IS in attendance at your facility.
- If your facility is CLOSED or if the child is NOT in attendance, you will be paid a part day.

- When school is out for the summer, all school age children will be approved for FULL DAY. This will include summer holidays such as Fourth of July and Memorial Day
- Attendance times are not required. Abbreviations ONLY! If you fill in the box using a check in and check out times, your claim form will be returned.
- Fill in the Month and Year located below the attendance time.

Section Four:

• This section is for OFFICE USE ONLY. DO NOT fill out this section. If you fill out this section, your claim for will not be accepted and will be returned to you.

When turning in claims for the month, please send all claims together at the same time to ensure timely processing. This will help keep claims being reimbursed as quickly as possible. Thank you for your attention to this matter.

If you have any questions, please feel free to call Diana or Sean at 918-542-7232.

Thank You,

Diana Baker
Director of Children & Family Services
Shawnee Tribe
21 N. Eight Tribes Trail, Suite A
Miami, OK 74354

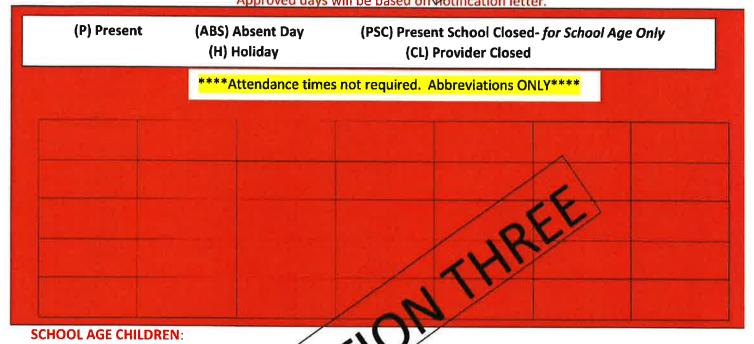
Phone: 918-542-7232 Fax: 918-542-4138

SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND SERVICE ATTENDANCE CLAIM FORM

Child's Name:	Date of Birth:
Guardian's Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:
Laft rm. under senalty of perjury that the information and that any false statement on my part	ntion contained on this form is correct to the dest of knowledge and belief and may result in prosecution for fraud.
Signature of Guardian:	Signature of Provider:

Fill in appropriate abbreviation for each day the child is spot in attendance at your facility.

Approved days will be based of Notification letter.



Throughout the school year, all school ge children will be approved for part day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for full day.

Holidays throughout the school year will be paid at a part day rate.

To be eligible for a full month payment, the child must be in attendance 7 days or more.

Claim forms can be emailed to: ccdf@shawnee-tribe.com

Please put the name of your facility, the month and year in the subject box.

Or mailed to: Shawnee Tribe CCDF 21 N Eight Tribes Trail Miami, OK 74354 Revised 10/01/19

or the Month of:	****** FOR OF	ICE USE ONLY ***	Year:	10.0
Full Day	X	Per Day	To Table	
Part Day	X	Per Day		
Star Ratin	Star Rating: Total Monthly Charges		es	
SI	ECT	App Total Di	OUR	

SHAWNEE TRIBE OF OKLAHOMA PROVIDER PAYMENT RATES (Effective 3/1/20)

TWO-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$43.00	\$28.00
13 – 24 months	\$38.00	\$25.00
25 – 48 months	\$36.00	\$23.00
49 – 72 months	\$27.00	\$20.00
73 months – 13 years	\$23.00	\$17.00

TWO-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$33.00	\$23.00
25 - 48 months	\$31.00	\$21.00
49 - 72 months	\$27.00	\$20.00
73 months – 13 years	\$23.00	\$16.00

THREE-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$49.00	\$33.00
13 – 24 months	\$46.00	\$31.00
25 – 48 months	\$42.00	\$28.00
49 – 72 months	\$30.00	\$21.00
73 months – 13 years	\$25.00	\$17.00

THREE-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$43.00	\$31.00
25 - 48 months	\$40.00	\$28.00
49 - 72 months	\$31.00	\$22.00
3 months – 13 years	\$25.00	\$17.00

SHAWNEE TRIBE OF OKLAHOMA PROVIDER PAYMENT RATES (Effective 3/1/20)

ONE-STAR CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 12 months	\$20.00	\$15.00
13 – 24 months	\$20.00	\$15.00
25 – 48 months	\$18.00	\$12.00
49 – 72 months	\$17.00	\$12.00
73 months – 13 years	\$14.00	\$10.00

ONE-STAR HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$20.00	\$14.00
25 - 48 months	\$18.00	\$12.00
49 - 72 months	\$17.00	\$12.00
73 months – 13 years	\$13.00	\$8.00

ONE-STAR PLUS CENTERS

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 - 12 months	\$22.80	\$15.00
13 – 24 months	\$21.80	\$15.00
25 – 48 months	\$19.60	\$12.80
49 – 72 months	\$18.50	\$12.80
73 months – 13 years	\$16.10	\$10.70

ONE-STAR PLUS HOMES

Child's Age	Daily Rates	Daily Rates
	FULL	PART
0 – 24 months	\$20.70	\$13.90
25 - 48 months	\$18.50	\$12.80
49 - 72 months	\$18.50	\$12.80
73 months – 13 years	\$13.70	\$9.60

SHAWNEE TRIBE CCDF

OUT OF STATE RATES

Effective 3/1/2020

**CHILD CARE CENTERS

DAILY RATES

	FULL DAY	PART DAY
0 - 12 mos.	\$43.00	\$28.00
13 - 24 mos.	\$38.00	\$25.00
25 - 48 mos.	\$36.00	\$23.00
49 – 72 mos.	\$27.00	\$20.00
73 – 13 yrs.	\$23.00	\$17.00

CHILD CARE HOMES

DAILY RATES

	FULL DAY	PART DAY
0 - 24 mos.	\$33.00	\$23.00
25 - 48 mos.	\$31.00	\$21.00
49 – 72 mos.	\$27.00	\$20.00
73 mos. – 13 yrs.	\$23.00	\$16.00

FULL DAY - Over 4 hours

PART DAY – 4 hours or less

^{*} Parents are responsible for monthly co-payment as well as any additional charges the provider may require.

^{**}Arkansas 3 Star Better Beginning and Nationally accredited facilities qualify for additional funds. (Must submit documentation)

(Rev. October 2018)

Department of the Treasury

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

-	144	Name for the second of the sec						_							
	1.0	Name (as shown on your income tax return). Name is required on this line; d	o not leave this line blank.												
	2 [Business name/disregarded entity name, if different from above													
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or						ins	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
	_ ا	_ "						Exempt payee code (if any)							
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.						Exemption from FATCA reporting code (if any)								
2		Other (see instructions)					(Apt	(Applies to accounts maintained outside the U.S.)							
See Sp	5 /	Address (number, street, and apt. or suite no.) See instructions.	. Requester's name					and address (optional)							
U	6 City, state, and ZIP code														
	7 List account number(s) here (optional)														
Par		Taxpayer Identification Number (TIN)													
Enter	your	TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to avo	bio	So	cial s	ecurit	yп	number						
reside	ip w	ithholding. For individuals, this is generally your social security nun lien, sole proprietor, or disregarded entity, see the instructions for	nber (SSN). However, fo	or a				ी							
entitie	s, it	is your employer identification number (EIN). If you do not have a r	number, see How to get	t a						1.7					
TIN, la	ater.	=====================================		2.000	or										
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer					er idei	ntif	ication	num	oer						
Numb	er T	o Give the Requester for guidelines on whose number to enter.					Г	П							
							-								
Par	t II	Certification				_									
Under	per	alties of perjury, I certify that:													
2. I an Ser no	n not vice long	nber shown on this form is my correct taxpayer identification numl t subject to backup withholding because: (a) I am exempt from bac (IRS) that I am subject to backup withholding as a result of a failur er subject to backup withholding; and	ckup withholding, or (b)	Thave	not I	een	notifi	ied	by the	e Inte	rnal f led m	Reve	nue at I am		
3. I an	nal	J.S. citizen or other U.S. person (defined below); and													
		FCA code(s) entered on this form (if any) indicating that I am exemp													
you ha	ive fa sition	on instructions. You must cross out item 2 above if you have been no ailed to report all interest and dividends on your tax return. For real es or abandonment of secured property, cancellation of debt, contributi interest and dividends, you are not required to sign the certification, b	tate transactions, item 2 ons to an individual retire	does ne	ot ap	ply. I	For ment (IR	ort	gage in	nteres	st paid	d, avme	nts		
Sign Here		Signature of U.S. person ►		Date ►											
		ral Instructions	Form 1099-DIV (div funds)	vidends	, inc	ludin	g tho	se	from s	stock	sori	nutu	al		
noted		ferences are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (various types of Income, prizes, awards, or gross proceeds) 												
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted			 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 												
anter (iiey '	were published, go to www.irs.gov/FormW9.	• Form 1099-S /proc	eede fr	י חחר	e iee	etate	tre	aneact	ionel					

Purpose of Form

An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (Interest earned or paid)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage Interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,